

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 2001 S St NW Ste 301			Amount <span style="border: 1px solid black; padding: 2px;">11737.21</span>		
City Washington      State DC      Zip Code 20009-1164		Transaction ID : VN7GDA76FH5 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Purpose of Expenditure Direct Mail - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate Comstock, Barbara, J., ,			Office Sought: <input checked="" type="checkbox"/> House    District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: VA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1730066.86</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 2001 S St NW Ste 301			Amount <span style="border: 1px solid black; padding: 2px;">24966.91</span>		
City Washington      State DC      Zip Code 20009-1164		Transaction ID : VN7GDA76FJ3 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Purpose of Expenditure Direct Mail - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate Mills, Stewart, , ,			Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MN		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3213050.99</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">36704.12</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lapp, Alexandria, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 2001 S St NW Ste 301		Amount <b>15670.17</b>	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VN7GDA76FK1
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Comstock, Barbara, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 2001 S St NW Ste 301		Amount <b>15670.16</b>	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VN7GDA76FM9
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>31340.33</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

MM / DD / YYYY  
**11 / 03 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 2001 S St NW Ste 301		Amount <b>20953.64</b>	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VN7GDA76FP5
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cain, Emily, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 2001 N Beauregard St Ste 420		Amount <b>26972.18</b>	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VN7GDA6NF24
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Santarsiero, Steven, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>47925.82</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>21129.68</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VN7GDA6NF31		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Murphy, Stephanie, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 07 State: FL
Calendar Year-To-Date Per Election for Office Sought		1067755.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1054 31st St NW Ste 430			Amount <b>1578.00</b>		
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VN7GDA769X7		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Comstock, Barbara, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 10 State: VA
Calendar Year-To-Date Per Election for Office Sought		1730066.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>22707.68</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1054 31st St NW Ste 430			Amount <b>1578.00</b>		
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VN7GDA76AC4 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type			
Name of Federal Candidate Trump, Donald, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>The Baughman Company, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1592 Union St Ste 401			Amount <b>14729.35</b>		
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA76G45 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type			
Name of Federal Candidate Coffman, Michael, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>16307.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Baughman Company, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 1592 Union St Ste 401		Amount <b>14729.34</b>	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA76G61
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Baughman Company, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 1592 Union St Ste 401		Amount <b>22494.53</b>	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA76G93
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Walberg, Timothy, L., ,		Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>37223.87</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	
Mailing Address 3050 K St NW Ste 100		Amount 50025.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA76HP8
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		2362870.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	
Mailing Address 3050 K St NW Ste 100		Amount 50025.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA76HQ6
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	
Name of Federal Candidate Fitzpatrick, Brian, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		2290462.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	100050.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>7242.75</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA76HT0		
Purpose of Expenditure Television Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>2362870.63</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>7242.75</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA76HW6		
Purpose of Expenditure Television Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Comstock, Barbara, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>1730066.86</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>14485.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alexandria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 03 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	9	OF	9
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount 24795.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA76HX4
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Fitzpatrick, Brian, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount 24795.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA76HY2
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49590.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	356334.67

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alexandria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 03 / 2016

Signature